# City of Memphis - City of Choice



# **Mayors' Committee to End Homelessness**

### The Action Plan to End Homelessness in Memphis and Shelby County



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#### Introduction

Municipalities across the country have moved to adopt ten year plans to end homelessness as a mechanism to mobilize community leadership, maximize community involvement and to strategically address the causes of homelessness. Memphis leaders adopted the Blueprint to Break the Cycle of Homelessness in 2002. In some cases, cities have seen dramatic reductions in homelessness as a result of the strategies and investments made through the ten year plan process.

Most recently, the Obama Administration released Opening Doors: The Federal Plan to Prevent and End Homelessness, the first multi-agency, national strategic plan. Already, federal funding is being realigned to meet the goals of the ambitious federal plan. New federal and philanthropic grant opportunities are anticipated in federal fiscal year 2011 to enhance local resources to combat homelessness. In order to be competitive for current grant opportunities as well as new ones, communities must demonstrate that they have the leadership, collaboration, and ability to implement evidence-based, data-driven strategies.

The Action Plan to End Homelessness in Memphis and Shelby County will position the region to be highly competitive for new resources as it takes ambitious steps forward to reduce homelessness. The plan relies on the adoption of evidence-based strategies, right-sizing current capacity, and a commitment to measure, publish, and hold ourselves accountable for our progress.

This document contains two chapters: 1) Chapter One: Setting the Context and 2) Priority Goals and Objectives. The first chapter provides information concerning the data and analysis of the community's recent progress in ending homelessness as well as key research that has influenced the field of work nationally. The second chapter provides the recommended goals, strategies, and objectives to be implemented within the next five to ten years in Memphis and Shelby County.

#### **Executive Summary**

Looking at key performance indicators including the overall rate of homelessness and success in moving homeless people into permanent housing, the homeless service continuum in Memphis has demonstrated strong performance since implementation of the 2002 Blueprint to Break the Cycle of Homelessness. Overall, Memphis has a relatively low rate of homelessness compared to other communities of similar size and the rate of unsheltered homelessness (those who literally sleep outdoors or in places unfit for human habitation) is very low. While the Blueprint made significant structural improvements in the capacity, level, and coordination of resources, its impact on the overall number of people who are homeless was more modest. Comparing 2002 to 2010 point in time count numbers, Memphis and Shelby County experienced a 4% reduction in the number of people experiencing homelessness. The economy contributed significantly to the recent point in time counts, however, more can and should be done to adopt evidence-based strategies to end homelessness and to make adjustments to current strategies and emergency housing programs that will yield stronger progress in future years.

#### Overview of Recommendations

After review of the federal plan to end homelessness, accumulation of national and local research and data, and analysis of local strengths and challenges, the following recommendations represent the consensus of dozens of community leaders who contributed to the plan's development.

### Goal One: Prevent and End Chronic Homelessness in Memphis/Shelby County in Five Years

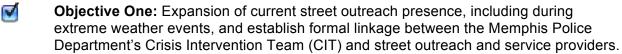
Strategy: Adjust Homeless Housing Capacity to Reflect Evidence-Based Approaches and Meet Community Needs.



**Objective One:** Increase Permanent Supportive Housing (PSH) units by 391 and implement Vulnerability Index or similar tool for prioritization of units; reduce transitional housing by 300 units and offer a range of options including project-based and scattered site.

- ✓ Objective Two: Establish a Housing First/ACT Team. (100 units)
- Objective Three: Replicate the 1811 Eastlake Project (40 units)
- Objective Four: Provide Training on Permanent Supportive Housing (PSH) principles
- Objective Five: Add 80 units of PSH for persons living with HIV/AIDS (80 units)
- **Objective Six:** Expand Long-Term Housing Opportunities for Jericho Project (40 units)

Strategy: Establish Coordinated Outreach and Matching Best-Fit Interventions to Individual Needs



**Objective Two:** Provide a service coordination hub (preferably through enhancement

of the existing programs) accessible to the downtown area to link homeless individuals to all resources available in the community.



**Objective Three:** Publish program outcome data, including exits and entries to and from housing arrangements with family/friends.

### Goal Two: Prevent and End Family and Youth Homelessness in Memphis/Shelby County in Ten Years

Strategy: Adjust Family Homeless Program Capacity to Reflect Evidence-Based Approaches to More Effectively Meet Community Needs.



**Objective One**: Increase Emergency Shelter Capacity by 38 units; Reduce transitional housing by 106 units; Increase permanent supportive housing by 101 units.



**Objective Two**: Provide a Homeless Prevention and Rapid Rehousing Program after the Stimulus program ends.



**Objective Three:** Enhance Emergency Shelter Resources for Domestic Violence victims

Strategy: Provide Resources for Permanent Housing outside Homeless Continuum of Care

Objective One: Establish a partnership with Memphis Housing Authority to serve homeless families with special circumstances (e.g. very large families, disabled household members, families involved with child welfare or reunifying with their children.)

Strategy: Create Effective Partnerships Across Service Systems to Reduce the Length of Homeless Episodes for Families with Children.



**Objective One:** Seek and design partnerships with key mainstream service providers including TANF, WIA, DCS, and Mental Health/Substance Abuse services to leverage resources and support integrated care.

Strategy: Enhance Resources for Homeless Youth



**Objective One:** Establish a Transition-In-Place resource for young adults who don't qualify for DCS housing and support services.



**Objective Two:** Significantly Increase (Triple) School-Based resources for homeless children in City Schools.

#### Goal Three: Provide a Path Out of Homelessness for All Within Ten Years.

Strategy: Secure sufficient shelter resources.



**Objective One:** Increase the number of Emergency Shelter units for single women, Ensure that existing shelter resources are available to those in need for a minimum of 20 days without cost and meet basic building and safety codes.

Strategy: Establish Pathways to Employment For People Experiencing Homelessness

Objective Two: Initiate Project Homeless Connect events.

## Goal Four: Prevent and End Veterans Homelessness in Memphis/Shelby County in Five Years

Incorporate by reference the Veterans Administration's (VA) local plan to end homelessness. The principles related to the range and approach of housing and services described in the Memphis and Shelby County Action Plan to End Homelessness should be considered/applied as the VA expands its services and housing options.

### **CHAPTER ONE:**

Setting the Context for the Memphis/Shelby County Plan to End Homelessness

Memphis Set to Build on Strong Foundation

In order to set the context for future work to end homelessness in Memphis and Shelby County, this Chapter provides a comparative analysis of other urban cities both in Tennessee and across the country. Looking at key performance indicators including the overall rate of homelessness and success in moving homeless people into permanent housing, Memphis compares very well, scoring third out of eleven cities in overall performance.





## **Status of The Blueprint to Break the Cycle of Homelessness**

In 2002, The Mayors Task Force of Memphis and Shelby County, supported by the non-profit Partners for the Homeless, launched The Blueprint to Break the Cycle of Homelessness. At the time, 1,725 individuals were counted in the annual Point In Time Count. Over the intervening eight years, tremendous progress has been made on several fronts, including the following:

- An increase of 242 permanent supportive housing beds, including 177 designated for the chronically homeless (from 14 in 2002 to 256 in 2010.)
- An increase of 37 units of transitional housing for homeless families and 24 units of permanent supportive housing for families with a mentally ill caregiver.
- A new Homeless Management Information System (HMIS) database was launched, enabling agencies to share common data and definitions about people who experience homelessness.
- Increased funding to \$5.1 million/year in housing and support services to help transition homeless individuals and families back into housing.

## Homelessness Has Decreased Slightly in Memphis and Shelby County; Identifying Trends is Difficult

While the Blueprint made significant structural improvements in the capacity, level, and coordination of resources, its impact on the overall number of people who are homeless was more modest. Comparing 2002 to 2010 point in time count numbers, Memphis and Shelby County experienced a 4% reduction: a difference of 70 people (from 1,725 in 2002 to 1,655 in 2010). Year to year data fluctuated with higher levels in 2005 (1,876) but stabilized in the 1,600s over the past two years. As the data variations also may be attributed to changes in count methodology, changes in capacity, and errors in data reported by service providers, it is difficult to identify any trends over the last eight years.

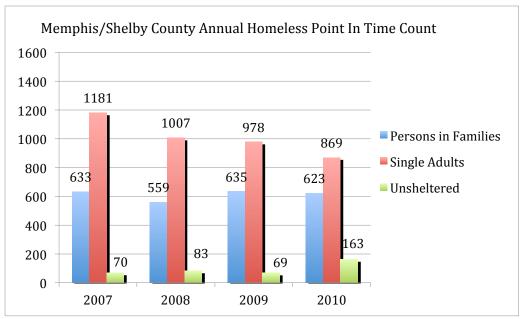


Figure 1: Annual Point In Time Count data for 2007 to 2010

Source: Partners for the Homeless

In addition to data from the annual Point In Time Count, annualized HMIS data (a yearlong data set of individuals seeking services at any participating agency) and school system data identifying homeless children in school may also point out trends in the local rate of homelessness. In Memphis, these data sets appear to demonstrate relative stability in the homeless population after considering two important footnotes. First, in 2008, data from the largest homeless agency, the Memphis Union Mission, was not entered due to funding and staffing constraints at the HMIS administrative level. Second, the schools' data is not a survey of all children in the Memphis City schools, but rather data on children served by the school's homeless program staff.

While there appears to be a significant drop in homelessness between 2007 and 2009, the data from HMIS and the school show relative stability.

#### Comparison of Homeless Data Sets for Memphis

	2007	2008	2009	2010
Point In Time	1844	1566	1612	1655
Schools	1209	1319	1507	Unav.
HMIS	6,761	5,687*	6,864	Unav.

Figure 2: Annualized, unduplicated HMIS data reported by Partners for the Homeless. Schools data reported by Memphis City Schools.



# 2010 Unsheltered Count Reveals High Percentage of Chronically Homeless Individuals

In January 2010, the City of Memphis launched an alternate count methodology to capture data on the unsheltered homeless population – those who sleep outside, in abandoned buildings, or other places unfit for human habitation. Previous counts were conducted using the enumeration method (a literal head count of those visually confirmed to be sleeping outside) with a police escort. In 2010, face-to-face interviews, without police escort, were conducted in public places ranging from soup kitchens, bus stations, parks, to other areas where homeless persons are known to congregate.

The adjusted methodology was effective, identifying 136% more individuals who were unsheltered. The major difference can be

attributed to the large number of people who seek shelter in abandoned buildings who were not previously counted. The survey method provided important information about the characteristics of the unsheltered population as follows.

- 76.4% were continually homeless for more than one year.
- 34% were continually homeless for five or more years.
- Most were male: 87% male/13% female;
- The youngest unsheltered individual was 20; the oldest was 65; most were in their 40s and 50s.
- Only 26% self-reported a mental illness;
   15% declared AOD dependency;
   observation and national research would put the rate at a conservative 75%.

#### **Comparison Community Methodology**



A total of ten urban areas were selected in addition to Memphis for the national comparison, creating a group of eleven urban cities or regions. Two other major metropolitan areas of Tennessee were selected: Nashville and Knoxville.

The eight urban areas selected outside Tennessee represent communities identified by either the National Alliance to End Homelessness (NAEH) and/or US Interagency Council on Homelessness (USICH) as exemplary or having exemplary initiatives.

They are Denver, Chicago, Columbus, Norfolk, Hennepin County (MN), Philadelphia, Portland (OR), and Atlanta. In each of these cities, the Continuum of Care document was reviewed as well as publications from the USICH, NAEH, and the Urban Institute.

Additionally, interviews were conducted with several individuals to clarify information from the Continuum of Care documents or to receive updated information not covered in published documents.

# **How Does Memphis Compare to Other Urban Cities?**

#### Six Key Indicators Studied In 11 Cities

To understand how the homeless service continuum in Memphis is performing compared to other urban communities, the following factors were considered

- The rate of homelessness
- The unsheltered rate:
- Permanent Supportive Housing (PSH) capacity;
- · Retention rate in PSH;
- · Exits to permanent housing from transitional housing; and
- · Employment rate at program exit.



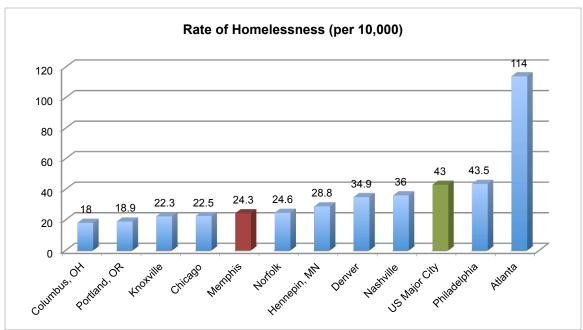
#### Memphis Has A Relatively Low Rate of Homelessness

The rate of homelessness, measured as the number of homeless persons in the annual point in time count per 10,000 individuals in the same geographic area, is a critical measure of the overall effectiveness of a community's homeless services and programs. While a number of factors contribute to rates of homelessness, the effectiveness of a locality's strategy to prevent and intervene in homelessness contributes to a lower overall rate. The rate is comparable across cities of different sizes and answers the question of how big is our homeless problem.

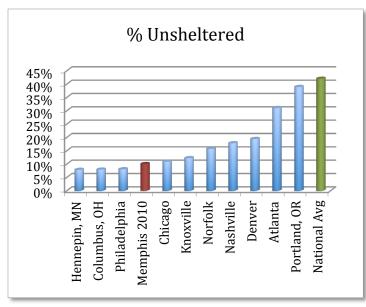
According to an evaluation by the National Alliance to End Homelessness, the average rate of homelessness in urban areas with populations

of more than 500,000 is 43. (NAEH, 2009.) The rate in Memphis is nearly half that with 24 homeless people counted per 10,000 residents. The lowest rate of homelessness found in the communities studied was in Columbus Ohio (18) and the highest rate was in Atlanta (114.)

Other factors that are likely to contribute to the rate of homelessness include criminal justice policies and discharge planning, shelter stay and admission policies, and zoning restrictions.



# **Dynamics of Unsheltered Rate and Permanent Supportive Housing Capacity in Memphis Merit Attention**



### Unsheltered Rate Low For All Communities Studied

The proportion of a community's homeless population that sleeps outside, in abandoned buildings, or other places unfit for human habitation represents another key indicator in system performance. While, as is the case with the overall rate of homelessness, there are contributing numerous factors to the unsheltered rate, it serves as a balancing indicator. Communities reporting decreases in the rate of homelessness may experience an increase in the unsheltered rate if the reduction in homelessness is a result of policy choices that restrict admission to shelter programs or reduce capacity.

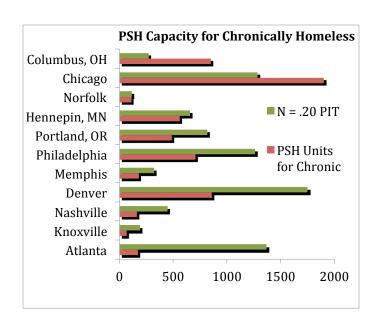
Nationally, the unsheltered rate is 42%. In Memphis, using the 2010 Point In Time Count, the rate is only 10%. Each of the best practice cities and Tennessee cities had rates below the national average. Columbus, Hennepin, and Philadelphia had rates of 8%, the lowest among the comparison group. On the other hand, the rate of chronic homelessness among Memphis's unsheltered population is high – approaching 80% compared to the national average of 66%.

### Permanent Supportive Housing Capacity Varies – Growth Area for Memphis

Considering the strong base of evidence citing Permanent Supportive Housing (PSH) as a strategy reduce critical to chronic homelessness, each community's PSH capacity was reviewed and compared. In order to adjust for the significant differences in homeless population sizes across the comparison communities, a benchmark target for PSH capacity served as the basis comparison. The target selected was 20% of the annual point in time count. In other words, if a community has 1,000 people in the annual count, it should have at least 200 units of PSH. This target was conservatively selected based on the national average proportion of chronically

homeless individuals in the point in time count of 18%, and the understanding that this one-day count represents only a fraction of the chronically homeless individuals needing PSH in a given year.

The chart below indicates how permanent supportive housing capacity for the chronically homeless compares to the 20% target number. Columbus had the largest capacity of PSH and Atlanta had the lowest. Memphis, ranked 7<sup>th</sup>, has relatively fewer PSH units for the chronically homeless.





# Memphis Agencies Perform Well on HUD Indicators

The US Department of Housing and Urban Development (HUD) annually measures each Continuum of Care (the local collaborative of homeless service providers required to receive HUD funds) on its performance in several areas including: retention of individuals in permanent supportive, exits to permanent housing from transitional housing programs, and the percentage program completers who exited with employment income. The outcome measures focus on fundamental expectations HUD has for its federally funded programs - that communities should develop increased permanent supportive housing for the homeless; this housing should end homelessness for its residents; and transitional housing programs should focus on clients' ability to secure permanent housing and jobs when they exit.

Memphis did well in this comparison, particularly in the exits to permanent housing from transitional housing. As in the other comparative indicators, Columbus stood out as a high performer in these measurements with the exception of employment at exit. Of note, Columbus has recently eliminated all transitional housing programs and converted to a 30-90 day shelter model; thus those who complete programs do not have the same amount of time to secure employment as other Continuums. Nashville's performance in program completers' employment rate is well above average and may provide an interesting case study for the ten-year plan. The complete scores are provided in the adjacent table.

Another important factor to be considered in assessing PSH capacity in Memphis is the type of permanent housing available for the chronically homeless. In most of the comparison cities, a significant proportion of the PSH capacity is "low demand" — meaning that entry requirements are minimal and street outreach staff typically assist chronically homeless persons in gaining access. The PSH capacity in Memphis is relatively difficult to access for the chronically homeless population. The application process and eligibility requirements (veteran status, disability income, ability to share housing, etc.) present challenges and there are relatively few street outreach professionals.

COC Analysis	% Staying in PH 6 mo+	Exits from TH to PH	% Employed at Exit
Atlanta	86%	77%	42%
Chicago	84%	67%	21%
Columbus, OH	91%	67%	15%
Denver	80%	64%	22%
Hennepin, MN	80%	67%	28%
Knoxville	83%	41%	43%
Memphis	83%	72%	35%
Nashville	91%	63%	58%
Norfolk	86%	71%	51%
Philadelphia	84%	70%	22%
Portland, OR	74%	75%	24%

# Overall, Columbus OH Is the Gold Standard

Taking into consideration all six factors studied, Columbus OH, had the strongest outcomes, scoring highest in four of the six categories. The Columbus Shelter Board, the oversight entity and policy driver, has continually measured and published all agency performance data on their web site. They hold agencies accountable for low performance, require adherence to specific standards of care, and target resources to high performers. Also noteworthy, the former director of the Columbus Shelter Board, Barbara Poppe was recently appointed the Executive Director of the Administration's homeless oversight entity, the US Interagency Council on Homelessness.

#### Key Challenges: Length of Stay and Reliance on Transitional Housing

Another key performance factor in evaluating community's progress homelessness is the length of stay in the homeless continuum (emergency shelters and transitional housing). Increasing emphasis is being placed on reducing the length of time people spend homeless. Research has demonstrated that the longer a person experiences homelessness, the more difficult it is to recover. The effect of lengthy homeless episodes on children has also proven to have devastating effects on educational and behavioral outcomes. The federal government has recently invested in prevention and rapid rehousing programs in an effort to bring down the length of stay.

Based on data released in the 2008 Annual Homelessness Assessment Report (AHAR) to Congress, the national length of stay is approximately 20 days for single adults and 30 days for families with children. (Culhane, NAEH 2009.) In Memphis, the length of stay is 63.4 days for singles and 146.5 days for families with children, more than three times the national average. (Partners: AHAR 2009.) Columbus reports a length of stay of 46 days for singles and 53 days for families.

The primary reason for the increased length of stay in Memphis is the community's reliance on transitional housing programs. These programs have average lengths of stay of 240 days vs. 52 days in emergency shelter. Among programs reported in the Memphis HMIS system, 65% of beds are in transitional housing. This compares to 8% in Columbus and 34% in Hennepin County.

Average Length of Stay Comparison (in days over 12 months)

**Memphis** 

Singles: 63 Families: 147

**National Average** 

Singles: 20 Families: 30



Beginning with the very first McKinney Vento Act in 1986, transitional housing was a strategy encouraged by HUD. Memphis, like many other communities across the country, responded to this emphasis by developing significant capacity in transitional housing. Much of the transitional housing capacity is reserved for single adults in recovery from addiction. This is somewhat unique to Memphis in that other communities utilize transitional housing primarily for families with children.

At this point, there is no federal requirement or encouragement to reduce capacity in transitional housing. HUD has instead focused on performance measurements – thereby forcing localities to raise performance or eliminate underperforming agencies. HUD has taken the carrot approach – reserving new funding for permanent supportive housing programs.

#### Nearly 20 Years Of Research Point to Similar Findings

Most people leave homelessness with little or no intervention in less than 60 days. Homeless families are no more "troubled" than other low-income housed families. Permanent Housing is cheaper and more effective than traditional models.

### Homeless Typologies/Shelter Use Patterns

Beginning with a groundbreaking study by Randall Kuhn and Dennis Culhane in 1998, evidence has continued to mount that most people will leave homelessness on their own in less than 60 days. The Kuhn and Culhane study identified a typology of homeless single adults:

- 80% of homeless single adults are defined as "transitionally homeless." They experience only one relatively short homeless episode;
- 10% are "episodically homeless." They experience 4-5 stays of moderate duration; and
- 10% are "chronically homeless," staying long term and exhausting roughly 50% of the resources.

A study by Dr. Culhane in 2007 found a somewhat different picture among families:

- 74% had short-term stays (1-1.5 stays of short duration)
- 5% were episodically homeless (3-3.5 stays of short duration); and
- 21% stayed long-term (1.5 episodes of long duration).

Another important finding in Culhane's work is a distinct difference in the characteristics of long-term single and family "stayers." Single adults with more disabilities or barriers to housing tended to experience longer homeless episodes. Longer stays for families, however, were not associated with higher rates of disability or housing barriers. Culhane concluded that communities were not effectively targeting more expensive interventions for families and that this inadvertently causes families to experience longer homeless episodes than may be necessary.

### Homeless Families Not Dissimilar to Other Low-Income Housed Families

Several researchers have identified important characteristics and challenges to serving homeless families. The work of Marybeth Shinn and Beth Weitzman in 1996 and 1998 disputed long-held beliefs about the characteristics of homeless families. They found that:

- Homeless mothers are poorer, younger, and more likely to be pregnant (than their low-income, housed counterparts)
- Homeless mothers are <u>not</u> more likely to be mentally ill, depressed, or less educated.

In these studies and others, the most common preventive factor against homelessness was access to housing subsidies.

Dr. Ellen Bassuck, (in a study with Shinn in 2004) found, disturbingly, that more than 90% of low-income housed and homeless mothers had experienced physical and sexual violence. While trauma history, substance abuse and mental health disorders are relatively high in the homeless family population compared to the general population, they are equally high among low-income housed families. This study raised questions about whether focusing resources on short-term homeless programs made sense.

While entry into homelessness may not be linked to higher levels of family disorders, the homeless experience has been found to have significant impacts on children. The US Education Dept. reports:

- 12% of homeless kids are not enrolled in school;
- 45% don't attend regularly; and
- homeless children are twice as likely to have learning disabilities and developmental delays, and four times as likely to repeat a grade.

Yin-Ling Wong and others conducted experimental evaluations of transitional housing programs for families finding that increasing lengths of stay and intensity of service provision had little if any long-term effects on families served. This and other studies, along with the emergence of less expensive but equally effective interventions for families catalyzed a move away from transitional housing for families in many communities in America.

### **Housing First and Permanent Supportive Housing Are Cost Effective**

Researchers, policymakers, and advocates have promoted permanent Supportive Housing and Housing First policies for at least a decade. Permanent Supportive Housing signifies a range of affordable rental housing with case management services, typically provided on-site. Housing First, as it relates to chronically homeless individuals, is a specific approach to permanent supportive housing requires outreach/engagement of that homeless individuals then moves them directly into permanent housing with very few requirements of the participants (though intensive support services are accessible continually). Dennis Culhane, Sam Tsemberis, Malcolm Gladwell, Laura Sadowski, and many others have found strong and consistent evidence of the value of permanent supportive housing and housing first for chronically homeless individuals. Following is a sample of the findings:

- The cost of permanent housing is nearly offset (net \$955) by the savings in reduced service use. (Culhane, Metreaux, Hadley: 2002)
- The cost of a housing first program with case management to 206 chronically homeless individuals in Chicago produced a net savings of \$1.4 million compared to a matched comparison group without permanent housing. (Sadowski, Kee, et al, 2009.)
- A single chronically homeless man in Nevada cost the public safety net more than one million dollars and he still died on the street. (Gladwell, 2006).
- 80% of Housing First participants retained housing continually for 24 months, did not increase substance abuse and psychiatric symptoms. (Tsemberis, Gulcur, and Nakae: 2004.)
- Evaluation of short-term residential treatment programs compared to standard treatment showed no positive impact on housing outcomes. (Nelson, Aubry, LaFrance: 2007.)

#### Assertive Community Treatment; Outreach and Engagement: Essential Tools to End Chronic Homelessness

Since emerging in the 1970s, Assertive Community Treatment (ACT) has been identified as a best practice for working with seriously mentally ill and dually-diagnosed consumers. ACT teams are composed of interdisciplinary professionals and paraprofessionals including a psychiatrist, nurse, vocational rehabilitation specialist, benefit specialist, case manager, and peer support specialist. Teams work with clients in their residential setting and jointly manage approximately 100 cases.

The Pathways to Housing model combines ACT with Housing First. Pathways was listed on the US Substance Abuse and Mental Health Services Agency's (SAMHSA) Registry of Evidence-Based practices in 2008, one of only a handful of homeless interventions on the Registry.

The Pathways Housing First ACT teams have a strong focus on outreach and engagement. Pathways staff meet consumers "where they are" — both literally (under a bridge, etc.) and figuratively (in denial of mental health or substance abuse disorders) and put the consumer in the driver's seat. Consumers are empowered to make decisions about where they live and what they will do. With some respectful coaching and reinforcing techniques, nearly all choose to live indoors and most choose to do the work to improve their mental health and substance abuse disorders.

Outside of ACT teams, communities across the country have developed teams of outreach and engagement specialists to support individuals' transition out of homelessness. The federal PATH program (Projects for Assistance in the Transition from Homelessness) is the most widely available outreach resource across the country.

SAMHSA's Blueprint For Change, Ending Chronic Homelessness for Persons with Serious Mental Illness and Co-Occurring Disorders, cited both Outreach and Engagement and ACT teams as evidence-based practices that should be implemented to end chronic homelessness. The Blueprint authors noted that in evaluations of outreach and engagement, staff successfully

enrolled nearly half of the clients in treatment and housing programs. (Wells, Williams, Dennis: 2003.)

# Prevention and Rapid Re-Housing: Cost Effective Tools to Combat Family Homelessness

Hennepin County, MN was possibly the first experiment with locality to alternative approaches to combating family homelessness with its Prevention and Rapid Exit programs in Faced with burgeoning homeless 1992. populations and a county-funded shelter system, public administrators sought to reduce family homelessness by first preventing eviction and second reducing the length of time families spent in shelters. The second component, known as Rapid Exit involved performancebased contracting with non-profits to quickly exit families from shelters, providing minimal, (typically one month's rent) culturally competent, home-based case management to prevent future housing loss.

The prevention and Rapid Exit programs helped reduce family homelessness in Hennepin County by 42% while simultaneously reducing the length of homeless episodes by 47%. (Wherley, NAEH: 2009.) The cost of the Rapid Exit program is roughly \$3,000 per family, compared to \$30,000 for transitional housing. Only 10% returned to shelter within one year of receiving assistance.

Recently, the Obama Administration sought to promote this model across the country with a \$1.5 billion stimulus program. Memphis launched its Homeless Prevention and Rapid Rehousing program in 2009.

### **CHAPTER TWO:**

# The Action Plan to End Homelessness in Memphis and Shelby County

#### **Approach**

Beginning in April 2010, Mayor A C Wharton convened a group of community leaders to review the achievements to date in implementing the Blueprint to Break the Cycle of Homelessness and to look toward future strategies to end homelessness in Memphis and Shelby County. Robert Lipscomb, Director of the Division of Housing and Community Development and Director of the Memphis Housing Authority served as the City's lead staff to develop the plan. Together with Katie Kitchin, the City's consultant for the project, Director Lipscomb formed a Policy and Planning Committee to gather additional data and recommendations, and to oversee the development of the proposed plan to end homelessness.

Over the course of six months, numerous work groups and focus groups met to identify key trends, strengths, and challenges facing the homeless service continuum in Memphis and Shelby County. In total, more than 75 individuals representing dozens of public and private agencies, non-profits, formerly and currently homeless people contributed to the development of this plan. Shortly after his election to serve as Mayor of Shelby County, Mark H. Luttrell, Jr. agreed to Co-Chair the Committee to End Homelessness. The proposed plan was released in draft form to the Mayors' Committee to End Homelessness on November 16, 2010.

#### **Plan Recommendations Snapshot**

Goal One: Prevent and End Chronic Homelessness in Memphis/Shelby County in Five Years.

- •Strategy: Adjust Homeless Housing and Supportive Services Capacity to Reflect Evidence-Based Approaches and Meet Community Needs.
- Strategy: Establish Coordinated Outreach and Matching of Best-Fit Interventions to Individual Needs.

Goal Two: Prevent and End Family and Youth Homelessness in Memphis/Shelby County in Ten Years.

- Strategy: Adjust Family Homeless Program Capacity and Supportive Services to Reflect Evidence-Based Approaches to More Effectively Meet Community Needs.
- Strategy: Provide Resources for Permanent Housing outside the Homeless Continuum of Care.
- •Strategy: Create Effective Partnerships Across Service Systems to Reduce the Length of Homeless Episodes for Families with Children.
- •Strategy: Enhance Resources for Homeless Youth.

Goal Three: Provide a
Path Out of
Homelessness for All
Within Ten Years.

- Strategy: Secure Sufficient Shelter Resources, Including For Single Women.
- •Strategy: Establish Pathways to Employment For People Experiencing Homelessness.

Goal Four: Prevent and End Veterans Homelessness in Memphis/Shelby County in Five Years.

- •Support The Memphis VA's Five year Plan To End Homelessness.
- •Infuse Principles Identified Above Into The VA's Implementation Strategy.

### Priority Goals And Objectives To End Homelessness In Memphis And Shelby County

## Goal One: Prevent and End Chronic Homelessness in Memphis/Shelby County in Five Years

Strategy: Adjust Homeless Housing and Supportive Services Capacity to Reflect Evidence-Based Approaches and Meet Community Needs.

**Objective One:** Increase Permanent Supportive Housing (PSH) units by 391 and implement Vulnerability Index or similar tool for prioritization of units; reduce transitional housing by 300 units and offer a range of options including project-based and scattered site.

**Brief Description:** Aligning with the federal plan to end homelessness and national research, Memphis and Shelby County will adjust capacity to enhance permanent supportive housing resources and reduce emphasis on transitional housing approaches. Some of the permanent housing strategies are identified in other goals in this Strategy and represent a range of scattered site units utilizing tenant-based vouchers with intensive supports to project-based initiatives such as the evidence-based 1811 Eastlake project. A coordinated approach to prioritization of long-term street homeless, aged and infirm should be implemented across all PSH projects. The Vulnerability Index or similar tool should be implemented.

**Cost:** TBD project by project (some are lease only, some involve construction)

**Funding Sources:** New competitive grants from HUD, VA, and HHS along with Low Income Housing Tax Credits, CDBG, HOME, Federal Home Loan Bank, HOPWA, HUD 811, and private sources.

#### **Annual Outcomes/Targets:**

	2011	2012	2013	2014	2015
PSH Unit	0	100	116	134	41
Production or					
Conversion					
Annual	0*	10%	20%	30%	50%
Reduction in					
Chronic					
Homelessness					

<sup>\*</sup>due to improved data collection strategies and the expected inclusion of some families in the definition of chronic homeless, we anticipate an increase in the number of chronically homeless individuals in the first year.



"I have been out here off and on for almost 15 years... It's hard to keep a job living on the street... I am tired of being out here. It is getting to me."

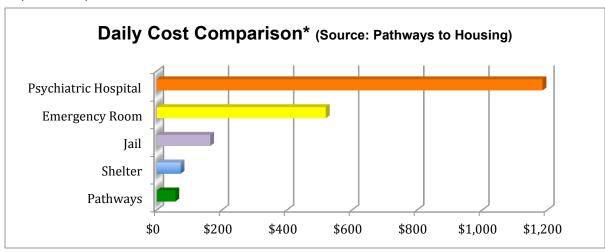
Objective Two: Establish a Housing First/ACT Team.

Brief Description: Based on the evidence-based model Pathways to Housing, the Housing First/Assertive Community Treatment (ACT) team combines permanent supportive housing in a scattered site model that has low neighborhood impact with the highest intensity of home-based services for extremely vulnerable, homeless individuals with serious mental illness. This model is designed to take the 100 most vulnerable, (based on a uniform assessment tool such as the Vulnerability Index or other tool) chronically

homeless individuals with serious mental illness off the streets of Memphis and Shelby County. This single project would reduce chronic homelessness in Memphis by a significant percentage and would have substantial beneficial impacts to the hospital system (psychiatric and emergency departments), criminal justice (police time and jail), and spillover safety net resources (emergency shelter, mental health crisis services, etc.) The Pathways model has been demonstrated to result in higher rates of housing stability (80%+ after two years), and dramatic reductions in public costs (\$16,000 per year for the housed group vs. \$40,000 per year for those living on the street.)

**Cost**: \$668,000 in housing costs; \$900,000 in support services to serve 100 chronically homeless individuals per year.

**Funding Sources:** Competitive grants forthcoming in 2011 from HHS/SAMHSA, services are 80-90% Medicaid eligible. Housing funds can come from HUD Continuum of Care, new competitive HUD grant for vouchers for the chronically homeless, Housing Choice Vouchers, VASH, HOPWA, and CDBG.



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Objective Three: Replicate the 1811 Eastlake Project

Brief Description: This project was developed in Seattle, WA to address the morbidity and high public service costs of chronic inebriates in the downtown area. The project provides site-based permanent housing (75 units) with an on-site medical clinic and case management/substance abuse services. Participation in services is voluntary and a harm reduction approach (as opposed to abstinence) is utilized. The project resulted in an average net savings of \$2,449 per participant, reduced substance abuse, and increased housing stability. We estimate the need for a 40-unit facility that conforms to the 1811 Eastlake Project program model

**Cost: TBD**, construction could cost \$3-5M depending on available sites and reuse of existing facilities/building. Operating and supportive services costs could be up to \$300,000 (not including clinic costs per year).



Photo of 1811 Eastlake, Seattle WA

Funding Sources: Operating costs could be

offset by Continuum of Care and other HUD resources as well as tenant rent contributions. Supportive services costs could be funded in

partnership with community substance abuse providers, competitive SAMHSA grants, and TennCare.

**Objective Four:** Provide Training on Permanent Supportive Housing (PSH) principles **Brief Description:** According to practitioners and experts in providing permanent supportive housing, the philosophical transition to operating in this model is typically a more significant barrier to successful execution than funding or other practical concerns. Implementation of this approach with high fidelity to the models articulated by the Corporation for Supportive Housing and other experts is relatively new to Memphis. Many permanent supportive housing projects in Memphis still operate under a transitional housing framework with mandatory service participation and a highly structured and/or communal environment. Additional and ongoing training for program developers, managers, and front-line staff is recommended in order to ensure existing and new programs conform to national standards for PSH, are recovery-oriented, and evidence-based or evidence-informed. BHI currently provides some training; this recommendation is to enhance and expand on that effort.

Cost: \$3,000-\$5,000/year.

**Funding Sources:** Can be built into grant applications for new PSH and supportive services projects; private foundations or United Way may also be a resource.

#### Objective Five: Increase Support for Persons Living with HIV/AIDS

**Brief Description:** The Memphis and Shelby County area has experienced a 22% increase in HIV transmission rates in the past five years. Homelessness and HIV unfortunately go hand-in-hand as those who experience homelessness are more likely to participate in risky behaviors and those who are already infected are more likely to be unwelcome in their homes or families, lose income due to illness, and therefore become homeless. HIV/AIDS providers in the County estimate a minimum of 80 additional units of PSH is needed over the next five years.

Cost: \$1,020,000/year (based on leasing model)

**Funding Sources:** HOPWA, HOME, CoC, CDBG, Ryan White, TennCare, SAMHSA Alcohol and Drug Block Grant



Objective Six: Expand Long-Term Housing Opportunities for Jericho Project

Brief Description: The Jericho project is a nationally recognized model for providing diversion/alternative sentencing to mentally ill offenders. Recently, the Memphis Union Mission has provided short-term dorm style beds in a closed unit to Jericho participants to address immediate shelter needs. The project also provides time-limited mental health supports to ease participants back into the community and support medication and treatment compliance. However, these

critical supports are time-limited while many participants are in need of permanent supportive housing. A 40-unit permanent supportive housing project is proposed for successful graduates of Jericho who are in need of long-term housing and supports.

**Cost: TBD**, construction could cost \$3M depending on available sites and reuse of existing facilities/building. Operating and supportive services costs could be up to \$300,000 (not including clinic costs).

**Funding Sources:** Operating costs could be offset by Continuum of Care for those who meet HUD's eligibility criteria, along with other HUD resources as well as tenant rent contributions. Supportive services costs could be funded in partnership with community substance abuse providers, competitive SAMHSA grants, and TennCare.

### Strategy: Establish Coordinated Outreach and Matching Best-Fit Interventions to Individual Needs

Objective One: Expansion of current street outreach presence, including during extreme weather events, and establish formal linkage between Memphis Police

<u>Department's Crisis Intervention Team (CIT)</u> and street outreach/service providers.

Brief Description: Memphis and Shelby County has very limited professional street outreach and engagement personnel (those whose focus is working with unsheltered individuals and those in short-term shelters to secure a housing and service plan to transition out of homelessness). As a point of reference, there are 4.5 FTEs in Memphis and Shelby County who are dedicated to Outreach. Of those, most spend their time in shelters and other service centers. In Columbus, Ohio (known as the gold standard for implementing effective strategies end homelessness), there are 33 outreach professionals most of whom focus on street

"Most people don't know how to get help. Lot of mental out here. It's hard to get the housing that exists. People don't know about it. If they do, they don't get it because of disabilities, drugs, some mental, or just lack of education... Can't fill out the application."

James, homeless two years

outreach. The homeless population in Columbus is roughly the same as that of Memphis (Columbus's population is 19% smaller.) Engaging chronically homeless mentally ill individuals is a lengthy and time-consuming process. Many if not most are too ill to access services and resources without one-onone support from a trusted outreach worker. Ending chronic homelessness cannot be done without a significant increase in street outreach professionals who are well trained and comfortable working in the unsheltered environment. Information about street homeless individuals should be entered into the Homeless Management Information System by all outreach partners and shared among other outreach workers to improve communication and data concerning overall homeless patterns in the community. Memphis and Shelby County experience routine extreme weather events (heat and cold), which are hazardous to those who live outdoors and have compromised health and mental health.



Homeless Encampment, Memphis, 2010

These extreme weather events also represent an opportunity for a Critical Time Intervention that could provide the needed motivation to make a significant transition toward housing and crisis services. Other communities have engaged in partnerships with service providers (mental health and crisis services, substance abuse treatment providers, housing first engagement specialists, health department nurses, downtown safety ambassadors, etc.) to create regular outreach during extreme weather events using existing agency personnel and donated goods. This coordinated outreach helps improve inter-agency partnerships and service provision to chronically street homeless individuals. Finally, Memphis' nationally recognized Crisis Intervention Team provides daily crisis services to homeless individuals. Once the crisis has abated, the team struggles with next step decisions and access to community resources. On the other hand, street outreach professionals and service providers may be working with the same clients and could use the detention event as a Critical Time Intervention opportunity to help individuals transition off the street and into housing. However, due to confidentiality of medical information and a lack of institutionalized communication between the various entities, these opportunities are often lost. Using confidentiality agreements (most likely signed by clients) and shared homeless management information system, improved and coordinated services could be achieved.

**Cost:** \$40,000-\$50,000 per FTE (includes benefits and supplies). Supervision is also required. **Funding Sources:** Federal PATH program and Health Care for the Homeless; can be incorporated into grant applications for the Assertive Community Treatment Team or other PSH projects; TennCare may be possible.

Objective Two: Provide a service coordination hub (preferably through enhancement of the existing programs) accessible to the downtown area to link homeless individuals to all resources available in the community.

**Brief Description:** In part to compensate for the lack of street outreach presence, a service coordination hub provides an access point for mental health, substance abuse, shelter, and employment resources in the community. Building on current programs like The Hospitality Hub

and Memphis Union Mission's Opportunity Center, daily access to these resources with multiagency presence would be a valuable enhancement for the 80% of single homeless adults who need very little intervention in order to leave homelessness on their own.

**Cost:** Varies widely depending on the location, facility, and existing resources that could support operating costs. Recommendation is for a smaller scale facility with operating costs of \$200,000/year.

**Funding Sources:** Private philanthropy plus contributions to overhead from participating agencies.

**Objective Three:** Publish program outcome data, including exits and entries to and from housing arrangements with family/friends.

Brief Description: As the community becomes more actively engaged in ending homelessness, progress reports both community-wide and program specific should be published and easily available (especially web-based). This was one strategy that proved highly successful in Columbus, OH and other communities that have made progress to reduce homelessness. These outcome reports would include placement rates into permanent housing, stability in permanent housing, the reasons for program exits, the length of homeless episodes, and income and benefit rates at entry and exit. Additionally, while HUD counts as a successful exit to permanent supportive housing exits to live/stay with friends and family, these relationships are not always long-term and many are fragile. Also, some programs have high rates of entry from friends and family that raise questions about whether they should be funded with the limited resources available to serve homeless persons. Thus, while there are many situations where return to family or friends is a positive outcome, this information should at least be published along with all the outcome data of publicly funded homeless programs.

**Cost:** Less than \$15,000 per year for publications and web-based presence.

**Funding Sources:** Should be built into the budget of The Community Alliance for the Homeless.

## Goal Two: Prevent and End Family and Youth Homelessness in Memphis/Shelby County in Ten Years

Strategy: Adjust Family Homeless Program Capacity and Supportive Services to Reflect Evidence-Based Approaches to More Effectively Meet Community Needs.

**Goal One:** Increase Emergency Shelter Capacity by 38 units; Reduce transitional housing by 106 units; Increase permanent supportive housing by 98 units.

**Brief Description:** Based on literature review and analysis of the data on families experiencing homelessness in Shelby County, the community should convert 106 units of transitional housing either to emergency shelter or permanent supportive housing. There is a shortage of 38 units of emergency shelter units for families and a need for no fewer than 98 units of permanent supportive housing for families with a disabled household member. Additionally, the need for trauma-informed services was identified and emphasized to more effectively address the high rates of victimization of homeless parents. Any new shelter resources that are made available must be linked to the central intake and community-wide prevention/rapid re-housing effort.

**Cost:** TBD, project by project.

**Funding Sources:** Continuum of Care, Emergency Shelter Grants (ESG), Low Income Housing Tax Credits, Section 811, SAMHSA competitive grants, Project Based Section 8.

**Annual Outcomes/Targets:** 

	2011	2012	2013	2014	2015
Unit	N/A	13 ES	15 ES	10 ES	10 PSH
Production or		30 PSH	30 PSH	31 PSH	
Conversion					
Annual		10%	10%	10%	10%
Reduction in					
Family					
Homelessness					

Objective Two: Sustain a Homeless Prevention and Rapid Rehousing Program after the Stimulus program ends.

Brief Description: On October 1, 2009, Memphis launched its \$5.2M Homeless Prevention and Rapid Rehousing program that provides a 24-hour hotline for families facing homelessness, a centralized intake and assessment for eviction prevention and shelter placement, and a financial assistance program to prevent families from becoming homeless and to assist families leaving homelessness with supportive services. This project has been very successful., Despite nationwide double-digit increases in family homelessness, the program resulted in a net decrease in family homelessness and has provided an important pathway out of shelter for more than 150 homeless families. The project is funded through 2011 but will need a sustainability plan to continue. Additionally, the County provides very similar services that are not coordinated with the City's The Memphis HPRP program <u>Year</u> One Accomplishments:

- 18,000 requests for help
- 5,000 households received face-to-face interviews and housing counseling.
- 465 families avoided homelessness through rental and utility assistance.

**FAMILY HOMELESSNESS REDUCED BY 6%**; length of stay in shelter reduced by 14%.

program. Efforts should be made to reduce redundancies and share administrative functions, as well as seek other long-term funding sources to continue the program.

Cost: \$2M per year.

**Funding Sources:** Continuum of Care/ESG/HEARTH, CDBG, Title XX, CSBG, HOME, TANF, child welfare program funds.

### Objective Three: Enhance Emergency Shelter Resources for Domestic Violence victims

**Brief Description:** There is a widely acknowledged shortage of emergency shelter for victims of domestic violence, especially those with mental health and/or substance abuse issues. Work Group members identified four key strategies to improve resources available to domestic violence victims: 1) provide additional emergency shelter beds for families and single women; 2) provide alternatives to congregate shelter. Alternatives should provide safe, secure housing and transitional support to victims fleeing abusers e.g. transition in place and/or partnerships with property management companies; 3) incorporate recommendations from the University of Memphis report to the Memphis and Shelby Crime Commission related to the need for victim-centered services in shelter and transitional housing programs; and 4) work with the Courts to secure and attach housing assistance awards in support orders.

**Cost:** \$500,000/year

**Funding Sources:** STOP grants (state), Department of Justice competitive grants, Emergency Shelter Grants, private funding.

### Strategy: Provide Resources for Permanent Housing outside Homeless Continuum of Care

"I've been on the waiting list for Section 8 for 19 years."

Chania homeless six times in Memphis.

Objective One: Establish a partnership with Memphis Housing Authority to serve homeless families with special circumstances (e.g. very large families, disabled household members)

**Brief Description:** While homelessness is a priority consideration for the Memphis Housing Authority, execution of that prioritization is highly

difficult given the transient nature of homelessness (making it nearly impossible to follow up on paperwork, appointments, etc.) and the few resources that become available each year through the Housing Authority. In most cases, up to 10% of vouchers and public housing units turn over each year. It is recommended that 60 of these vouchers that are turned over each year are set-aside for homeless service agencies. Of these 60, 40 would be for single adults with disabilities who do not need continual supportive services, and 20 would be for families with a large household size and limited income or other severe housing burden.

Cost: 0

Funding Sources: existing Housing Choice Voucher annual resources.

## Strategy: Create Effective Partnerships Across Service Systems to Reduce the Length of Homeless Episodes for Families with Children.

Objective One: Seek and design partnerships with key mainstream service providers including TANF, WIA, DCS, and Mental Health/Substance Abuse services to leverage resources and support integrated care.

Brief Description: In communities across the country, mainstream services are made available to homeless populations in ways that take into consideration the unique transportation needs, urgency, and communication or other skill deficits of people experiencing homelessness and the formerly homeless. These efforts are highlighted in recent publications by HUD, the Urban Institute and Abt Associates. While some important efforts are underway, much can and should be done to create lasting partnerships with mainstream service providers that incentivize the transition from homelessness to permanent housing and increase the likelihood of successful permanent housing placements. Some examples include: co-location of mainstream service providers to conduct intakes and eligibility determination in places where homeless persons congregate or seek services; continued expansion of the SOAR Social Security initiative; and institutionalized partnerships with Human Services, Mental Health, and employment/workforce development agencies that provide effective and creative strategies to improve access.

Cost: 0



Funding Sources: existing resources.

#### **Strategy: Enhance Resources for Homeless Youth**

**Objective One:** Establish a Transition-In-Place resource for young adults who don't qualify for DCS housing and support services.

**Brief Description:** Each month, there are an average of 35 youth (ages 18-21) who are homeless or imminently homeless and are unable to receive transitional housing services through community providers due to insufficient capacity. A potential approach to addressing the needs of this population is to provide a declining housing subsidy and supportive services that would help youth secure rental housing, employment, and community supports to increase their stability and prevent shelter entries and criminal justice involvement. This initiative is consistent with the transition in place model and could serve 35-50 youth each year.

Cost: \$300,000/year

Funding Sources: HOME/TBRA



Objective Two: Significantly Increase (Triple) School-Based resources for homeless children in City Schools.

Brief Description: The McKinney Vento Act requires local school districts to provide transportation and educational service coordination for homeless and doubled up children who would otherwise be unable to attend or succeed in school. In fact, when the law is implemented to its fullest, homeless children are able to remain in their school of origin, receive shelter-based tutoring, and are provided the opportunity to catch up to their peers without having to disclose that they are

homeless. Insufficient resources are currently appropriated by our local school districts to meet these critical needs. In Memphis City Schools, one professional staff and one administrative support person have the responsibility for providing transportation to the 1,500+ children who are homeless in City schools. This is simply an impossible premise and results in many children missing school, transferring several times and falling behind their peers. Homeless mothers in our focus group and shelter providers spoke with anguish about the impact that homelessness has had on their children. One mother indicated her son had been in seven different schools in two years. At least a tripling of the current resources devoted to serving homeless children should be provided by our local school district.

Cost: 0

Funding Sources: prioritization of existing resources in school district budget.

## Goal Three: Provide a Path Out of Homelessness for All Within Ten Years.

### Strategy: Secure Sufficient Shelter Resources, Including For Single Women.

Objective One: Increase the number of Emergency Shelter units for single women; ensure that existing shelter resources are available to those in need for a minimum of 20 days without cost and meet basic building and safety codes.

**Brief Description:** Every month, the Salvation Army single women's shelter has a waiting list of 25-30 women who are turned away due to lack of space. Between 25 and 60 beds of emergency shelter for single women are needed. All emergency shelter beds should be free for at least 20 days and meet basic building/safety code and standards of care. Focused efforts should be made to identify an exit plan for all shelter residents well in advance of their anticipated exit date.

Cost: \$300,000 - \$600,000/year in operating costs plus any capital needed.

**Funding Sources:** Emergency shelter grants, advocacy for State-funded shelter grant, private support.

### Strategy: Establish Pathways to Employment For People Experiencing Homelessness

<u>Objectives One</u>: Establish a dedicated employment resource available to all homeless service providers.

**Brief Description:** People experiencing homelessness identified stable jobs as the single most important unmet need. Currently, employment placement and job resources are very much relationship-based. Certain staffs of certain organizations have good working relationships with potential employers or placement agencies and are able to steer program participants to these employment opportunities. Further, there are a number of employers who are willing to take a risk on hiring homeless persons. As noted previously, those who experience homelessness have extreme difficulty staying on top of phone calls, interviews, and appointments

According to a recent survey of people who are currently homeless in Memphis,

83% indicated

a stable job was their #1 priority need.

"... [an employer] called me to offer a job and then found out I was living in a shelter and I didn't get the job... They hear shelter, they think thieves."

Cost: 0 - TBD

Linda, 2<sup>nd</sup> time homeless in Memphis. needed to obtain stable employment due to the chaos of their living situation and lack of mailing addresses or phone numbers. A dedicated employment resource is needed where program participants of any homeless service provider could receive directed job search, job placement, and job readiness services delivered in a time and manner that meets their needs.

**Funding Sources:** Existing WIA, WIN funding or Department of Labor (US or TN) competitive grants.

#### **Objective Two:** Implement Project Homeless Connect

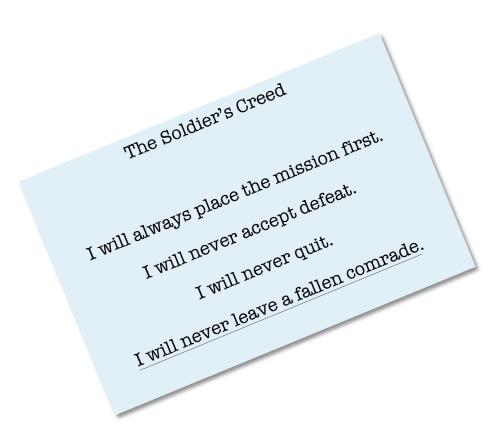
**Brief Description:** Project Homeless Connect was initiated in San Francisco nearly 10 years ago as an effort to bring all the resources needed to leave homelessness to chronically homeless individuals in a culturally competent manner. These events focus on actual on-site service delivery (no brochures allowed) of the entire range of community resources that result in housing, health care, employment, and income improvements for homeless persons. Of great importance also is the engagement of community volunteers. The event has a high outreach and engagement focus and each homeless person is paired with a community volunteer to help navigate the resources and increase effectiveness of the event. There are short-term gains that reflect the individuals' improved circumstances and there are also long-term gains that result from new community partnerships and investments in the Action Plan to End Homelessness.

Cost: Events average \$10,000 each

**Funding Sources:** DOL-VETS Stand Down grant opportunity plus in-kind donations of goods and services, the rest is raised through private/corporate donations.

# **Goal Four: Prevent and End Veterans Homelessness in Memphis/Shelby County in Five Years**

Incorporated by reference is the Veterans Administration's (VA) local plan to end homelessness. The principles related to the range and approach of housing and services described in the Memphis and Shelby County Action Plan to End Homelessness should be considered/applied as the VA expands its services and housing options.



#### **APPENDIX A:**

#### Mayors' Committee to End Homelessness Membership

#### Name of Individual

Mayor A C Wharton, Jr. Co-Chairman

Mayor Mark H. Luttrell, Jr., Co-Chairman

Harold Collins, Memphis City Council Chairman

Jan Young, Executive Director, Assisi Foundation

Harry Shaw, President, United Way

Scott McCormack, President, Plough Foundation

Ruby Bright, Executive Director, Women's Foundation for a Greater Memphis

Susan Sanford, Executive Director, Mid South FoodBank

Tomeka Hart, President/CEO, Memphis Urban League

John Baker, Executive Director, Health, Educational, and Housing Facility Board, City of Memphis

Susan Stephenson, Co-Chairman, Independent Bank

Johnny Moore, President/CEO, SunTrust Bank of Memphis

Martin Edwards, Jr., President, Edwards Investments, Realtors

Judy Edge, Vice President, Human Resources, FedEx

Andrea Bienstock, Counsel, Belz Corporation

Dr. Kenneth Robinson, Pastor, St. Andrew AME

Dr. Craig Strickland, Pastor, Hope Presbyterian

Father Tim Sullivan, Catholic Diocese of Memphis

Dr. Reginald Coopwood, CEO, Regional Medical Center

Dr. Kriner Cash, Superintendent, Memphis City Schools

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